

DAVID Y. IGE
GOVERNOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
HAWAII PUBLIC HOUSING AUTHORITY

P.O. BOX 17907
HONOLULU, HAWAII 96817
FAX (808) 832-3461

NOTICE OF CHANGE IN INCOME *

Date: _____

Dear:

This is to inform you that my family has a change in income.

☐ I would like an adjustment. ☐ I am not requesting an adjustment. **

Head of Household:

Address: _____; phone number:

Source of Income being adjusted:

Name of person who received Reason for Income change:

- | | | |
|--|---|--|
| <input type="checkbox"/> Quit Voluntarily | <input type="checkbox"/> Laid-off by employer | <input type="checkbox"/> Company closed down |
| <input type="checkbox"/> Reduced Hours | <input type="checkbox"/> New employer | <input type="checkbox"/> New position in company |
| <input type="checkbox"/> Person with income moved out of household | | |

If other reasons, explain: N/a

Current work hours: _____ per week Reduced to: _____ per week

Current pay rate: \$ _____ per hour Reduced to: \$ _____ per hour

Signature of Head of Household: _____

Signature of Spouse/Co-Head of Household: _____

* Please note that we must still verify the changes in your income before we can certify an adjustment for your tenant share of rent.

** An adjustment may be necessary if the Section 8 Program is required to do so.

Section 8 Subsidy Programs Branch Request to Voucher Out

In order to voucher out, you must be in good standing: rent up to date, no lease violations (within 6 months or 3 of the same violation within 1 year), not being processed for eviction, recertification is current, passed housing quality standards and housekeeping inspection

Date: _____

Last Name: _____

First Name: _____

Current Address: _____

City: _____

State, Zip Code: _____

Current Bedroom Size: 0 1 2 3 4 5

Current Household Members:

Last Name	First Name	Male / Female	Birthdate

Reason for Request to Voucher Out:

Date Received: _____

Received by: _____

Date Entered on Waitlist: _____



HAWAII PUBLIC HOUSING AUTHORITY CERTIFICATION FOR RENTAL ASSISTANCE BENEFITS

INSTRUCTIONS: YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE OFFICE. (Please Print or Type)

Please complete all sections of this certification and ANSWER all questions. The answers provided on this document are utilized to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). DO NOT leave any questions blank. If a question does not apply write "NO". If you do not understand a question, you may ask for an explanation or have someone else explain it to you. ALL adult members of the household must certify the information relating to them listed in this certification is correct.

WARNING: Making false statements on this form or any other document used to obtain rental assistance benefits may result in removal from the program and CRIMINAL PROSECUTION. Title 18, Section 1001 of the United States Code states that a person is **Guilty of a felony for knowingly and willingly making false or fraudulent statements** to any department or agency of the United States as to any matter within its jurisdiction. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER LAWS OF THE STATE OF HAWAII (SECTIONS 386-98, 710-1060, 708-830).**

ANY changes that take place after this form has been submitted to the Hawaii Public Housing Authority (i.e. between annual certifications) MUST be reported in WRITING within 10 days of the event occurring. Failure to do so may constitute a violation of your obligations under the rental assistance program and result in program termination and/or criminal charges being filed against you.

Failure to complete this form will result in delays in processing your applications and/or rescheduling your office appointment.) The information you give regarding household composition, income, family assets and deductions must be accurate and complete to the best of your knowledge and belief.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

APPLICANT FAMILY / UNIT:

APPLICANT NAME	RESIDENTIAL ADDRESS	APT.#	ZIP	HOME #	WORK #
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MAILING ADDRESS	APT. #	CITY, STATE	ZIP
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Person to call in case of emergencies:

NAME OF FRIEND/RELATIVE	ADDRESS	APT.#	ZIP	HOME #	WORK #
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A. HOUSEHOLD ADULT MEMBERS: (List minor children in Part B.)

List yourself and all other persons who are part of your application. In addition, list all other persons currently living/staying in the same residence with you. List all adults, age 18 and over in this section. Print clearly. This section is for ADULTS only.

1.			Head of Household
Last Name	First Name	MI	
Social Security #	Sex	Birth Date	
Please check all the races and ethnicities that you identify with:			
<input type="checkbox"/> Ethnicity 1-Hispanic <input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> Race 1-White <input type="checkbox"/> 2-Black or African American <input type="checkbox"/> 3-American Indian or Alaskan American <input type="checkbox"/> 4-Asian <input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Ancestry American Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean	<input type="checkbox"/> Laotian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (specify):

**OFFICIAL USE ONLY
PUBLIC HOUSING SPECIALIST**

- A.
- 1.
- ☐ SSA Card on file
 - ☐ ID/Birth Certificate on file
 - ☐ Review Personal Status
 - ☐ Dec 214 Completed & Signed
 - ☐ Aged/Disabled
 - ☐ Divorce Papers
 - ☐ Divorce / Separation Certificate
 - ☐ Criminal Background Check
 - ☐ Dec 214 Completed & Signed
 - Meeting Community Svc. Req.
 - ☐ Yes ☐ No ☐ Exempt ☐ Pend.
 - HUD/TYSK given to applicant/tenant?
 - ☐ Yes ☐ No

Wait List Information

Position Number: _____

Wait List Name: _____

Wait List Date: _____

Local Preference: _____

2.			Relation to Head of Household (check only one)	
Last Name	First Name	MI	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Live-In Aide <input type="checkbox"/> Foster Adult <input type="checkbox"/> Full Time Student 18+	
Social Security #	Sex (M / F)	Birth Date		
Please check all the races and ethnicities that you identify with:				
Ethnicity <input type="checkbox"/> 1-Hispanic <input type="checkbox"/> 2-Non-Hispanic	Race <input type="checkbox"/> 1-White <input type="checkbox"/> 2-Black or African American <input type="checkbox"/> 3-American Indian or Alaskan American <input type="checkbox"/> 4-Asian <input type="checkbox"/> 5-Pacific Islander	Ancestry <input type="checkbox"/> American Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	

2.
<input type="checkbox"/> SSA Card on file <input type="checkbox"/> ID/Birth Certificate on file <input type="checkbox"/> Review Personal Status <input type="checkbox"/> Dec 214 Completed & Signed <input type="checkbox"/> Aged/Disabled <input type="checkbox"/> Divorce Papers <input type="checkbox"/> Divorce / Separation Certificate <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> Dec 214 Completed & Signed Meeting Community Svc. Req. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> Pending

3.			Relation to Head of Household (check only one)	
Last Name	First Name	MI	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Live-In Aide <input type="checkbox"/> Foster Adult <input type="checkbox"/> Full Time Student 18+	
Social Security #	Sex (M / F)	Birth Date		
Please check all the races and ethnicities that you identify with:				
Ethnicity <input type="checkbox"/> 1-Hispanic <input type="checkbox"/> 2-Non-Hispanic	Race <input type="checkbox"/> 1-White <input type="checkbox"/> 2-Black or African American <input type="checkbox"/> 3-American Indian or Alaskan American <input type="checkbox"/> 4-Asian <input type="checkbox"/> 5-Pacific Islander	Ancestry <input type="checkbox"/> American Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	

3.
<input type="checkbox"/> SSA Card on file <input type="checkbox"/> ID/Birth Certificate on file <input type="checkbox"/> Review Personal Status <input type="checkbox"/> Dec 214 Completed & Signed <input type="checkbox"/> Aged/Disabled <input type="checkbox"/> Divorce Papers <input type="checkbox"/> Divorce / Separation Certificate <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> Dec 214 Completed & Signed Meeting Community Svc. Req. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> Pending

4.			Relation to Head of Household (check only one)	
Last Name	First Name	MI	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Live-In Aide <input type="checkbox"/> Foster Adult <input type="checkbox"/> Full Time Student 18+	
Social Security #	Sex (M / F)	Birth Date		
Please check all the races and ethnicities that you identify with:				
Ethnicity <input type="checkbox"/> 1-Hispanic <input type="checkbox"/> 2-Non-Hispanic	Race <input type="checkbox"/> 1-White <input type="checkbox"/> 2-Black or African American <input type="checkbox"/> 3-American Indian or Alaskan American <input type="checkbox"/> 4-Asian <input type="checkbox"/> 5-Pacific Islander	Ancestry <input type="checkbox"/> American Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	

4.
<input type="checkbox"/> SSA Card on file <input type="checkbox"/> ID/Birth Certificate on file <input type="checkbox"/> Review Personal Status <input type="checkbox"/> Dec 214 Completed & Signed <input type="checkbox"/> Aged/Disabled <input type="checkbox"/> Divorce Papers <input type="checkbox"/> Divorce / Separation Certificate <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> Dec 214 Completed & Signed Meeting Community Svc. Req. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> Pending

B. CHILDREN IN HOUSEHOLD: List all minor children who stay with you.

1.

Last Name First Name MI

Social Security # Sex Birth Date

Birth Place School Name Address Zip Code

Please check all the races and ethnicities that you identify with:

Ethnicity	Race	Ancestry
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Japanese
		<input type="checkbox"/> Korean

Relation to Head of Household

☐ Foster child☐ Other youth under 18

B.

1.

☐ SSA Card on file☐ ID/Birth Certificate on file☐ Review Information on Parents☐ Dec 214 Completed & Signed

Meeting Community Svc. Req.

☐ Yes ☐ No ☐ Exempt ☐ Pending

2.

Last Name First Name MI

Social Security # Sex Birth Date

Birth Place School Name Address Zip Code

Please check all the races and ethnicities that you identify with:

Ethnicity	Race	Ancestry
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Japanese
		<input type="checkbox"/> Korean

Relation to Head of Household

☐ Foster child☐ Other youth under 18

2.

☐ SSA Card on file☐ ID/Birth Certificate on file☐ Review Information on Parents☐ Dec 214 Completed & Signed

Meeting Community Svc. Req.

☐ Yes ☐ No ☐ Exempt ☐ Pending

3.

Last Name First Name MI

Social Security # Sex Birth Date

Birth Place School Name Address Zip Code

Please check all the races and ethnicities that you identify with:

Ethnicity	Race	Ancestry
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Japanese
		<input type="checkbox"/> Korean

Relation to Head of Household

☐ Foster child☐ Other youth under 18**OFFICIAL USE ONLY**

3.

☐ SSA Card on file☐ ID/Birth Certificate on file☐ Review Information on Parents☐ Dec 214 Completed & Signed☐ Documentation of foster care status, for each child

Meeting Community Svc. Req.

☐ Yes ☐ No ☐ Exempt ☐ Pending

4.

Last Name		First Name	MI
Social Security #		Sex	Birth Date
Birth Place		School Name	Address
			Zip Code

Relation to Head of Household

- ☐ Foster child
- ☐ Other youth under 18

Please check all the races and ethnicities that you identify with:

Ethnicity	Race	Ancestry
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Japanese
		<input type="checkbox"/> Korean
		<input type="checkbox"/> Laotian
		<input type="checkbox"/> Micronesian
		<input type="checkbox"/> Samoan
		<input type="checkbox"/> Vietnamese
		<input type="checkbox"/> Other (specify):

4.

- ☐ SSA Card on file
- ☐ ID/Birth Certificate on file
- ☐ Review Information on Parents
- ☐ Dec 214 Completed & Signed
- ☐ Documentation of foster care status, for each child Meeting Community Svc. Req.
- ☐ Yes ☐ No ☐ Exempt ☐ Pending

5.

Last Name		First Name	MI
Social Security #		Sex	Birth Date
Birth Place		School Name	Address
			Zip Code

Relation to Head of Household

- ☐ Foster child
- ☐ Other youth under 18

Please check all the races and ethnicities that you identify with:

Ethnicity	Race	Ancestry
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Japanese
		<input type="checkbox"/> Korean
		<input type="checkbox"/> Laotian
		<input type="checkbox"/> Micronesian
		<input type="checkbox"/> Samoan
		<input type="checkbox"/> Vietnamese
		<input type="checkbox"/> Other (specify):

5.

- ☐ SSA Card on file
- ☐ ID/Birth Certificate on file
- ☐ Review Information on Parents
- ☐ Dec 214 Completed & Signed
- ☐ Documentation of foster care status, for each child Meeting Community Svc. Req.
- ☐ Yes ☐ No ☐ Exempt ☐ Pending

6.

Last Name		First Name	MI
Social Security #		Sex	Birth Date
Birth Place		School Name	Address
			Zip Code

Relation to Head of Household

- ☐ Foster child
- ☐ Other youth under 18

Please check all the races and ethnicities that you identify with:

Ethnicity	Race	Ancestry
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Japanese
		<input type="checkbox"/> Korean
		<input type="checkbox"/> Laotian
		<input type="checkbox"/> Micronesian
		<input type="checkbox"/> Samoan
		<input type="checkbox"/> Vietnamese
		<input type="checkbox"/> Other (specify):

OFFICIAL USE ONLY

6.

- ☐ SSA Card on file
- ☐ ID/Birth Certificate on file
- ☐ Review Information on Parents
- ☐ Dec 214 Completed & Signed
- ☐ Documentation of foster care status, for each child Meeting Community Svc. Req.
- ☐ Yes ☐ No ☐ Exempt ☐ Pending

7.

Last Name		First Name	MI
Social Security #		Sex	Birth Date
Birth Place		School Name	Address Zip Code

Please check all the races and ethnicities that you identify with:

Ethnicity	Race	Ancestry
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Japanese
		<input type="checkbox"/> Korean

Relation to Head of Household

☐ Foster child

☐ Other youth under 18

7.

☐ SSA Card on file

☐ ID/Birth Certificate on file

☐ Review Information on Parents

☐ Dec 214 Completed & Signed

☐ Documentation of foster care status, for each child Meeting Community Svc. Req.

☐ Yes ☐ No ☐ Exempt ☐ Pending

8.

Last Name		First Name	MI
Social Security #		Sex	Birth Date
Birth Place		School Name	Address Zip Code

Please check all the races and ethnicities that you identify with:

Ethnicity	Race	Ancestry
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Japanese
		<input type="checkbox"/> Korean

Relation to Head of Household

☐ Foster child

☐ Other youth under 18

8.

☐ SSA Card on file

☐ ID/Birth Certificate on file

☐ Review Information on Parents

☐ Dec 214 Completed & Signed

☐ Documentation of foster care status, for each child Meeting Community Svc. Req.

☐ Yes ☐ No ☐ Exempt ☐ Pending

C. LIST ALL FULL-TIME STUDENTS 18 YEARS OR OLDER:

Student's Name	Name and Address of School
Student's Name	Name and Address of School
Student's Name	Name and Address of School

C.

	Yes	No
Student Aid	<input type="checkbox"/>	<input type="checkbox"/>
Student Aid	<input type="checkbox"/>	<input type="checkbox"/>
Student Aid	<input type="checkbox"/>	<input type="checkbox"/>

D. WORKING: Is anyone working or expecting to work in the next 6 months?

☐ Yes ☐ No

If yes, complete the portion below. (If self-employed, please provide a ledger of income and expenses.)

Name	Occupation	Gross Wages Per Month
Employer's Name	Address	City, State, Zip
Phone		
Do you ever receive any of the following:		
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips <input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Occupation	Gross Wages Per Month
Employer's Name	Address	City, State, Zip
Phone		
Do you ever receive any of the following:		
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips <input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Occupation	Gross Wages Per Month
Employer's Name	Address	City, State, Zip
Phone		
Do you ever receive any of the following:		
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips <input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Occupation	Gross Wages Per Month
Employer's Name	Address	City, State, Zip
Phone		
Do you ever receive any of the following:		
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips <input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Occupation	Gross Wages Per Month
Employer's Name	Address	City, State, Zip
Phone		
Do you ever receive any of the following:		
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips <input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission <input type="checkbox"/> Yes <input type="checkbox"/> No

D.

☐ UIV / EIV

☐ Employer's report on file

☐ Paystubs on file

☐ W2/1099/Income Tax

☐ Personal Statement

Earnings Exempt:

☐ Yes ☐ No

☐ UIV / EIV

☐ Employer's report on file

☐ Paystubs on file

☐ W2/1099/Income Tax

☐ Personal Statement

Earnings Exempt:

☐ Yes ☐ No

☐ UIV / EIV

☐ Employer's report on file

☐ Paystubs on file

☐ W2/1099/Income Tax

☐ Personal Statement

Earnings Exempt:

☐ Yes ☐ No

☐ UIV / EIV

☐ Employer's report on file

☐ Paystubs on file

☐ W2/1099/Income Tax

☐ Personal Statement

Earnings Exempt:

☐ Yes ☐ No

Name		Occupation		Gross Wages Per Month	
Employer's Name		Address		City, State, Zip	
Do you ever receive any of the following:					
Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name		Occupation		Gross Wages Per Month	
Employer's Name		Address		City, State, Zip	
Do you ever receive any of the following:					
Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name		Occupation		Gross Wages Per Month	
Employer's Name		Address		City, State, Zip	
Do you ever receive any of the following:					
Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name		Occupation		Gross Wages Per Month	
Employer's Name		Address		City, State, Zip	
Do you ever receive any of the following:					
Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name		Occupation		Gross Wages Per Month	
Employer's Name		Address		City, State, Zip	
Do you ever receive any of the following:					
Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<input type="checkbox"/> UIV / EIV <input type="checkbox"/> Employer's report on file <input type="checkbox"/> Paystubs on file <input type="checkbox"/> W2/1099/Income Tax <input type="checkbox"/> Personal Statement Earnings Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> UIV / EIV <input type="checkbox"/> Employer's report on file <input type="checkbox"/> Paystubs on file <input type="checkbox"/> W2/1099/Income Tax <input type="checkbox"/> Personal Statement Earnings Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> UIV / EIV <input type="checkbox"/> Employer's report on file <input type="checkbox"/> Paystubs on file <input type="checkbox"/> W2/1099/Income Tax <input type="checkbox"/> Personal Statement Earnings Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> UIV / EIV <input type="checkbox"/> Employer's report on file <input type="checkbox"/> Paystubs on file <input type="checkbox"/> W2/1099/Income Tax <input type="checkbox"/> Personal Statement Earnings Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No

[illegible]

TANF or GA	PROCESSING CENTER	CASE #	DHS OFFICE ADDRESS	CITY, STATE, ZIP	PHONE
TANF or GA	PROCESSING CENTER	CASE #	DHS OFFICE ADDRESS	CITY, STATE, ZIP	PHONE

F. Do you employ and pay for services of a Care Provider for a child 12 years or under or for a disabled person?
☐ Yes ☐ No

Care Provider's Name	Amount Paid: Weekly or Monthly <i>(circle one)</i>
Care Provider's Address	Care Provider's Phone
Care Provider's Name	Amount Paid: Weekly or Monthly <i>(circle one)</i>
Care Provider's Address	Care Provider's Phone

<p>F.</p> <p><input type="checkbox"/> Third Party Verifications Who pays child-care expense?</p>	
<p><input type="checkbox"/> Third Party Verifications Who pays child-care expense?</p>	

J. Does anyone receive any income from any other source, including someone outside your household paying for any of your bills or giving you money? ☐ Yes ☐ No If yes, please explain.

OFFICIAL USE ONLY

J.

☐

☐

☐

K. Does anyone own or have the use of any vehicle, such as car, truck, motor-home, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle? ☐ Yes ☐ No If yes, complete the following:

Type License # State Year Make and Model

K.

☐

☐

☐

L. Do you have a live-in aide? ☐ Yes ☐ No If yes, complete the following for the live-in aide:

Name

Social Security

Do you pay for this service yourself? ☐ Yes ☐ No If no, please explain:

L.

☐ Physician's Evaluation

☐ Health Service Evaluation

☐ Live-In Aide Certification

M. Have you or anyone residing in your household ever been arrested for any drug-related criminal activity? ☐ Yes ☐ No If yes, please give dates, charges, city and state:

M.

N. Have you or anyone residing in your household ever been arrested for any felonious violent criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another? ☐ Yes ☐ No If yes, please give dates, charges, city and state:

N.

O. Have you or any other adult member ever used any name(s) / social security number(s) other than the one you have listed? ☐ Yes ☐ No If yes, please explain:

O.

P. Are you or anyone residing in your household subject to lifetime registration as a sex offender? ☐ Yes ☐ No If yes, please give dates and charges:

P.

Q. Have you or any other adult member of your household sold, transferred or gave away any business or asset in the last 2 years for less than its full value? ☐ Yes ☐ No If yes, please give dates, charges, city and state:

Q.

☐ Third Party Verification of Property Value

☐ Disposition of Proceeds

R. Have you or any other household member lived in any rental assisted housing? ☐ Yes ☐ No If yes, give the details:

OFFICIAL USE ONLY

R.
☐ Review outstanding collections

S. Have you ever committed any fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs? ☐ Yes ☐ No If yes, please explain:

S.
☐ Review eligibility status (Is account balance zero or up to date?)

T. Are there any children 7 years and under who have elevated blood level of lead? ☐ Yes ☐ No

T.
☐

U. Does anyone in your household require any special accommodations? ☐ Yes ☐ No If yes, please explain:

U.
☐

V. MEDICAL EXPENSES – ELDERLY, HANDICAPPED OR DISABLED FAMILIES ONLY

If the head of household or the spouse of the head of household is: a) 62 years of age or older; b) handicapped; or c) disabled; AND if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly cost. You may bring receipts for medicine or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your Medicare and insurance statements with you.

If you meet the above definition, does the household have any out of pocket (not reimbursed) medical expenses? ☐ Yes ☐ No

Name of Provider

Address

City, State, Zip

APPLICANT / TENANT CERTIFICATION & NOTICE

I/We have received, read, and understood a copy of the Statement of Family Obligations. I/We hereby certify that I/we understand my/our responsibilities to the Hawaii Public Housing Authority and I/we further acknowledge and understand that my/our housing assistance may be terminated and/or face criminal prosecution if I/we violate them.

In addition, I/We understand that ALL changes in the income of ANY member of the household MUST be reported to the Housing Authority IN WRITING immediately. Also I understand that the Housing Authority must approve ANY additional household members BEFORE they move in. The head of household must request in writing to add or to remove any member.

WARNING Title 18, Section 1001 of the United States Code states that a person is Guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States as to any matter within its jurisdiction. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER LAWS OF THE STATE OF HAWAII (SECTIONS 386-98, 710-1060, 708-830).**

I/We hereby certify under penalty of perjury that all of the information contained in this certification is true, correct, and complete. I/We understand and acknowledge that making false statements on this certification is a crime under federal and Hawaii state laws, which may result in termination from the program and criminal prosecution.

I/We certify that the information* given to the Public Housing Authority on household composition, income, net family assets, allowances and deductions, criminal history, and sex offender registrant status is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and Hawaii state law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

*After verification by this PHA, the information will be submitted to HUD on Form HUD-50058 (Tenant Data Summary, a computer-generated facsimile of the form or on magnetic tape. See the federal Privacy Act Notice for more information about its use.)

I/We authorize the Hawaii Public Housing Authority to obtain and verify information about the income, assets, income tax data, personal data and conduct, including a full credit report of all persons listed in my household. Sources of such information may include but not be limited to employers, financial institutions, social workers, welfare workers, landlords, resident managers, housing managers, parole officers, court and criminal records, drug treatment centers, clinics, physician(s) or police departments.

I/We do hereby swear and attest that all the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Public Housing Authority **IN WRITING** immediately.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot line at 800-669-9777 (Hearing Impaired, TTY: 800-927-9275); The Department of Housing and Urban Development at 800-347-3739 or 522-8182, ext. 269; Hawaii Public Housing Authority, 832-4688; Hawaii Civil Rights Commission: Oahu: 586-8636; Hawaii: 974-4000, ext. 68636; Kauai: 274-3141, ext. 68636; Maui: 984-2400, ext. 68636; Lanai and Molokai: 1-800-468-4744, ext. 68636.

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse or Co-Head	_____ Date
_____ Print Name		_____ Print Name	
_____ Signature of Other Adult in the Household	_____ Date	_____ Signature of Other Adult in the Household	_____ Date
_____ Print Name		_____ Print Name	
_____ Signature of Other Adult in the Household	_____ Date	_____ Signature of Other Adult in the Household	_____ Date
_____ Print Name		_____ Print Name	

If you have anyone outside your household helping you to complete this form, please provide their name and their relation to your family.

Print Name	Signature of Representative	Relation to Family	Date
Address	City	State	Zip
			Phone

PHA OFFICIAL'S CERTIFICATION AND NOTICE FOR TENANT'S FILE

I certify that:

1. The information given to the Hawaii Public Housing Authority by the household of _____ on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal law;
2. The family was eligible at admission; and
3. The family has certified that it has given our agency accurate and complete information.

Signature of HPHA Official or Representative	Date
FILE NAME _____	SOCIAL SECURITY NUMBER _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Hawaii Public Housing Authority
P. O. Box 17907
Honolulu, Hawaii 96817

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____ Head of Household	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ XXX-XX Social Security Number (if any) of Head of Household			
_____ Spouse	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
HAWAII PUBLIC HOUSING AUTHORITY
P. O. Box 17907
Honolulu, Hawaii 96817**

HAKIM OUANSAFI
EXECUTIVE DIRECTOR

BARBARA E. ARASHIRO
EXECUTIVE ASSISTANT

SECTION 8 APPLICATION CHANGE/UPDATE INFORMATION FORM

Name of Head of Household : _____ **Social Security Number:** _____

I am reporting the following changes to my application:

☐ Phone Number _____ Additional Number: _____

☐ Mailing Address: _____
 Street or P. O. Box Apt #

City _____ State _____ Zip Code _____

Change in family member(s) or /and change in income☐ Add ☐ Delete Sex: ☐ Male ☐ Female Relationship to Applicant: _____

Name: _____ SS#: _____ Birthdate: _____

Birthplace: _____ Income Source _____ Monthly Gross: _____

☐ Add ☐ Delete Sex: ☐ Male ☐ Female Relationship to Applicant: _____

Name: _____ SS#: _____ Birthdate: _____

Birthplace: _____ Income Source _____ Monthly Gross: _____

NOTE: Use back of this form for any additional changes for family members.

PLEASE NOTE: A change in preference may or may not result in faster placement.

☐ Involuntary displacement (State Reason) _____

☐Victim of Domestic Violence.

☐ Homeless person who are participating in and are in compliance or have completed a social service plan with a homeless program. Homeless Persons include those who live at transitional shelters and supportive housing programs.

Indicate the name of the program your social service plan is with: _____

☐ None of the above

☐ Other changes please specify: _____

Name of person reporting change: _____ Relationship to Applicant: _____

Signature: _____
(Form not valid without signature of Head or Co Head of Household)

Date: _____

CONTRIBUTIONS FORM

To:

**HAWAII PUBLIC HOUSING AUTHORITY
RENT SUBSIDY UNIT
P.O. BOX 17907
HONOLULU, HAWAII 96817**

Date: _____

I/We, _____ hereby verify that I/we have been assisting _____ from this date _____ with the following items. (Please circle all that applies and fill in the dollar amount rounded off to the nearest dollar.)

<u>ITEMS</u>	<u>\$ AMOUNT PER MONTH</u>
1. Bathroom Tissue Paper	\$ _____
2. Bath Soap	\$ _____
3. Dishwashing Soap	\$ _____
4. Laundry Detergent Soap	\$ _____
5. Shampoo & Conditioner	\$ _____
6. Diapers	\$ _____
7. Children's Clothing & Shoes	\$ _____
8. Children's School Supplies	\$ _____
9. Children's Allowance	\$ _____
10. Transportation (Gas)	\$ _____
11. Transportation (Bus Pass)	\$ _____
12. Groceries/Food	\$ _____
13. Telephone Bill (home/cellular)	\$ _____
14. Electric Bill	\$ _____
15. Gas Bill	\$ _____
16. Water Bill	\$ _____
17. Rent	\$ _____
18. Credit Card Bill(s)	\$ _____
19. Money (Cash)	\$ _____
20. Others: Please list:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I/We will continue to assist this family until _____ (Please indicate Month and year, if indefinite, please indicate as such.) You may contact me/us at this telephone number _____ if you have further questions.

Signature: _____